OG-2805 PINK Rev. 10/01

Michigan Department of Education OFFICE OF BUDGET, CONTRACTS AND GRANTS

Direct questions regarding this form to 31806.

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 07/24/03			
2002 - 2003 Title II Teacher Quality Statewide (years) (title)	Activities		∏Initial (type)	□Amendment	⊠Continuation
Legislation Authorizing this Grant Program:					
☐Federal Grant CFDA Number		☐State Grant		☐Other (Private, F	oundation)
2. Type and Purpose of Grant Program: (check To support statewide activities for high priority school Expectations.			ontent	□Competitive □Formula □Other State Activities Gran (specify)	
3. SBE Priorities and Policies that this Grant P	rogram Supports: (check a	II that apply)	1.7.1		
<u>Priorities</u>	<u>Policies</u>			□Other	
☐Integrating Communities and Schools	Bullying				
⊠Elevating Educational Leadership	☐Character Education			(specify)	
☐Embracing the Information Age	☐Creating Effective Learn	ing Environments		(0,003)	
☐Ensuring Early Childhood Literacy	☐Family Involvement				
⊠Ensuring Excellent Educators	☐Safe Schools				
5. Target Population to be Served by Grant:					
Teachers and principals of high priority schools. 6. Total Funds Awarded:					
Previously awarded: \$904,764, Total award: \$248,422					
7. Eligible Applicants: An applicant with a history of coordinating activities for the high priority schools.					
8. Description of Priorities Given to Any Specif	fic Population or Location:	⊠NOT APPLICABL	E.		
9. Grant Administration: Office School Improvement Director's C	Office C	Contact Vonne Caamal Canul		<u>Phone</u> (517) 241-314	7



10. OFFICE Office Director Approval Signature: Phone: Comments:	Date: 3-17-04
11. BUDGET OFFICE Budget Office Approval Signature: Comments:	Date:
12. GRANTS OFFICE Grants Office Approval Signature: Comments:	Date:3/31/24
2 Shibilo Ballas infragra 13. DEPUTY SUPERINTENDENT Deputy Superintendent Approval Signature: Comments:	Date: 3-20-04
14. SUPERINTENDENT Superintendent Approval Signature: Tom Calling.	Date: 4-1-04
Comments:	

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Exhibit A

2002-2003 Title II Teacher Quality Statewide Activities Funding for FY 2004

Applicant Recommended for Funding	Amount Requested	Amount Recommended
St. Clair Intermediate School District	\$248,422	\$248,422